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Image# 201607209021682026

## FEC

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X	or Other Than	An Authorized	l Committee			Office Use Only
1. NAME OF TOOMMITTEE (in full)	TYPE OR PRINT ▼		mple: If typing r the lines.	, type	12FE4M5	
AMERICAN COLLEGE	OF NURSE-I	MIDWIVES N	MIDWIVES.	-PAC		
ADDRESS (number and street)	8403 Colesvile Ro	oad 				
Check if different than previously reported. (ACC)	Suite 1550 Silver Spring				MD	20910
2. FEC IDENTIFICATION NUI	MBER ▼	CITY 🛦			STATE 🛦	ZIP CODE ▲
C C00358812		3. IS THIS REPORT	X NE		AM (A)	ENDED
4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:  April 15 Quarterly Report (Q1 July 15 Quarterly Report (Q2 October 15 Quarterly Report (Q3 January 31 Year-End Report (YE July 31 Mid-Year Report (Non-election Year Only) (MY)  Termination Report (TER)	(c) 12-Day PRE-Ele Report	Election on	Y Jul Primary (12P) Convention (12	ay 20 (M5) n 20 (M6) l 20 (M7)	Sep	in the State of
5. Covering Period 06	O1 Y	2016	through	M M 06	30 /	2016
I certify that I have examined this  Type or Print Name of Treasurer	Jesse Bushman	e best of my know	wieage and be	iieī it is tru	ie, correct and	і сотріете.
Signature of Treasurer Jesse E	Bushman		[Electronically F	Filed] [	Date 07	/ 20 / Y Y Y Y Y 2016
NOTE: Submission of false, erroned	ous, or incomplete i	information may su	bject the perso	n signing th	nis Report to th	<u> </u>
Office Use Only						FEC FORM 3X Rev. 12/2004

#### **SUMMARY PAGE** OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
3.	(a) Cash on Hand  January 1,  2016		182787.62
	(b) Cash on Hand at Beginning of Reporting Period	225974.97	
	(c) Total Receipts (from Line 19)	1575.00	53333.50
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	227549.97	236121.12
7.	Total Disbursements (from Line 31)	4095.51	12666.66
3.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	223454.46	223454.46
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

#### For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

### AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Report Cove	ring the Period: From: 06	01 2016 To:	06 30 2016
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
(a) Indivi	ons (other than loans) From: duals/Persons Other Political Committees		
	emized (use Schedule A)	1575.00	53333.50
` '	nitemized OTAL (add	0.00	0.00
	nes 11(a)(i) and (ii)	1575.00	53333.50
	cal Party Committees	0.00	0.00
(such	as PACs) Contributions (add Lines	0.00	0.00
11(a) Totals	(iii), (b), and (c)) (Carry s to Line 33, page 5)	1575.00	53333.50
	From Affiliated/Other	0.00	0.00
13. All Loans	Received	0.00	0.00
	ayments Received	0.00	0.00
(Carry Tot	Rebates, etc.) als to Line 37, page 5)  If Contributions Made	0.00	0.00
to Federal	Candidates and Other ommittees	0.00	0.00
,	s, Interest, etc.)	0.00	0.00
(a) Non-Fo	from Non-Federal and Levin Funds ederal Account		
(from	Schedule H3)	0.00	0.00
(b) Levin	Funds (from Schedule H5)	0.00	0.00
(c) Total T	ransfers (add 18(a) and 18(b))	0.00	0.00
	eipts (add Lines 11(d), I, 15, 16, 17, and 18(c))▶	1575.00	53333.50
20. Total Fede (subtract I	eral Receipts Line 18(c) from Line 19)▶	1575.00	53333.50

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Operating Expenditures:  a) Allocated Federal/Non-Federal  Activity (from Schedule H4)		
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
(k	b) Other Federal Operating		
(,	Expenditures	95.51	526.66
((	c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	95.51	526.66
22. T	ransfers to Affiliated/Other Party	0.00	0.00
	CommitteesContributions to	0.00	0.00
F a	ederal Candidates/Committees and Other Political Committees	4000.00	12000.00
	ndependent Expenditures	0.00	0.00
25. C	use Schedule E) Coordinated Party Expenditures	0.00	0.00
(2 (t	2 U.S.C. §441a(d)) use Schedule F)	0.00	0.00
6. l	oan Repayments Made	0.00	0.00
		200	
	oans Made	0.00	0.00
(8	a) Individuals/Persons Other Than Political Committees	0.00	140.00
/1	n) Political Porty Committees	0.00	0.00
	b) Political Party Committees c) Other Political Committees	0.00	0.00
	(such as PACs)	0.00	0.00
((	d) Total Contribution Refunds		
,	(add Lines 28(a), (b), and (c))▶	0.00	140.00
29. C	Other Disbursements	0.00	0.00
			7
	rederal Election Activity (2 U.S.C. §431(20))  a) Allocated Federal Election Activity		
,,	(from Schedule H6)		
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
(k	b) Federal Election Activity Paid Entirely	200	2.00
((	With Federal Funds c) Total Federal Election Activity (add	0.00	0.00
,,	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
1 T	otal Disbursements (add Lines 21(c), 22,		
	3, 24, 25, 26, 27, 28(d), 29 and 30(c))	4095.51	12666.66
	otal Endard Dishuran manta		
	otal Federal Disbursements subtract Line 21(a)(ii) and Line 30(a)(ii)		
	rom Line 31)	4095.51	12666.66

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	1575.00	53333.50
34. Total Contribution Refunds (from Line 28(d))	0.00	140.00
85. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1575.00	53193.50
66. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	95.51	526.66
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
88. Net Operating Expenditures (subtract Line 37 from Line 36)	95.51	526.66

## SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR	LINE N	PAGE	Ξ	6	OF	12		
(chec	k only o	ne)						
X	11a	11b		11c		12		
	13	14		15		16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

or for commercial purposes, other than using	g the name and address of any political committee t	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN COLLEGE OF I	NURSE-MIDWIVES MIDWIVES-PAC	)
Full Name (Last, First, Middle Initial) Barbara Anderson Mailing Address 4263 Quail Rd.  City Riverside  FEC ID number of contributing federal political committee.  Name of Employer Self employed	State Zip Code CA 92507-4814  C Occupation Nurse-midwife	Date of Receipt  06 01 2016  Transaction ID : SA11AI.12665  Amount of Each Receipt this Period  100.00  Memo Item  June 2016 Contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 150.00	
Full Name (Last, First, Middle Initial) Wreatha Carner  Mailing Address 1828 Imperial Ridge  City Las Cruces  FEC ID number of contributing federal political committee.  Name of Employer NM Dept.Heal.,Fam.Heal.Bureau  Receipt For: Primary General Other (specify)	State Zip Code NM 88011  C  Occupation Certified Nurse-Midwife  Aggregate Year-to-Date ▼  100.00	Date of Receipt  06 01 2016  Transaction ID : SA11AI.12666  Amount of Each Receipt this Period  100.00  Memo Item  June 2016 Contribution
Full Name (Last, First, Middle Initial)  Katherine L Dawley  Mailing Address 235 Pelham Road  City Philadelphia  FEC ID number of contributing federal political committee.  Name of Employer  Retired  Receipt For: Primary Other (specify)   Other (specify)	State Zip Code PA 19119-2624  C  Occupation Certified Nurse-Midwife  Aggregate Year-to-Date ▼  500.00	Date of Receipt  06 03 2016  Transaction ID : SA11AI.12669  Amount of Each Receipt this Period  500.00  Memo Item  June 2016 Contribution
SUBTOTAL of Receipts This Page (optional	nl)	700.00
TOTAL This Period (last page this line num	nber only)	

## SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

FOR	LINE	PAGE	7	OF	12			
(che	ck only	or	ne)					
X	11a		11b		11c	12	!	
	13		14		15	16	;	17

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or for commercial purposes, other than using	g the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN COLLEGE OF N	NURSE-MIDWIVES MIDWIVES-PAC	<u> </u>
Full Name (Last, First, Middle Initial) Rachel Depart  Mailing Address 1148 Circle Drive  City Tallahassee  FEC ID number of contributing federal political committee.  Name of Employer  NewLIFE Receipt For:	State Zip Code FL 32301-5710  C Occupation Certified Nurse-Midwife	Date of Receipt  06 06 2016  Transaction ID : SA11AI.12677  Amount of Each Receipt this Period  50.00  Memo Item  June 2016 Contribution
Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  50.00	
Full Name (Last, First, Middle Initial)  Jane Dyer  Mailing Address 2660 Barbey Drive  City Salt Lake City  FEC ID number of contributing federal political committee.  Name of Employer University of Utah  Receipt For:  Primary General Other (specify)	State Zip Code UT 84109  C  Occupation Certified Nurse-Midwife  Aggregate Year-to-Date ▼  100.00	Date of Receipt  06 02 2016  Transaction ID: SA11AI.12668  Amount of Each Receipt this Period  50.00  Memo Item  June 2016 Contribution
Full Name (Last, First, Middle Initial)  Alice Hermanson  Mailing Address 5312 Unaka Ave  City Charlotte  FEC ID number of contributing federal political committee.  Name of Employer  Baby+Company  Receipt For:  Primary Other (specify)   Other (specify)	State Zip Code NC 28205-7467  C  Occupation Certified Nurse-Midwife  Aggregate Year-to-Date ▼  50.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional	ıl) <b>&gt;</b>	150.00
TOTAL This Period (last page this line num	nber only)	

### SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR L	INE N	JMBER	:	PAGE	8	OF	12
(check	only o	ne)					
<b>X</b> 1	1a	11b		11c	12		
1	3	14		15	16		17

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	he name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN COLLEGE OF N	JRSE-MIDWIVES MIDWIVES-PAC	<u> </u>
Full Name (Last, First, Middle Initial)  BreAnne Huss  Mailing Address 3621 W Thorndale Loop		Date of Receipt
	Olate T. C. :	06 06 2016
City Coeur D Alene	State Zip Code ID 83815-9739	Transaction ID : SA11AI.12682  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer N/A	Occupation Student	June 2016 Contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 50.00	
Full Name (Last, First, Middle Initial)  Tanya Ignacio  Mailing Address P.O. Box 80685		Date of Receipt
City Fairbanks	State Zip Code AK 99708-0685	7 Transaction ID : SA11AI.12678 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer Interior Women's Health	Occupation Certified Nurse-Midwife	Memo Item June 2016 Contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  50.00	
Full Name (Last, First, Middle Initial)  C. Christine Just		Date of Receipt
Mailing Address 34 Chase Drive		06 06 2016 _
City Sharon	State Zip Code MA 02067	Transaction ID : SA11AI.12670  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer South Shore Hospital	Occupation Senior Project Manager	Memo Item June 2016 Contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  100.00	
SUBTOTAL of Receipts This Page (optional).		200.00
TOTAL This Period (last page this line number	er only)	

## SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER:					PAGE		9	OF		12	
(check only one)											
X 11a 11b						11c		12			
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or	for commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.
$\rangle$		SE-MIDWIVES MIDWIVES-PAC	
Δ.	Full Name (Last, First, Middle Initial) Emily Evans MacLaury  Mailing Address PO Box 1309  City Quechee  FEC ID number of contributing federal political committee.  Name of Employer Generations Womens Health Ctr  Receipt For:  Primary General Other (specify)	State Zip Code VT 05059-1309  C  Occupation Certified Nurse-Midwife  Aggregate Year-to-Date ▼  25.00	Date of Receipt  06 06 2016  Transaction ID: SA11AI.12681  Amount of Each Receipt this Period  25.00  Memo Item  June 2016 Contribution
3.	Full Name (Last, First, Middle Initial)  Nancy J. Macmorris-Adix  Mailing Address 1535 State St  City  Salem  FEC ID number of contributing federal political committee.  Name of Employer Silverton Health Wmn's Health  Receipt For:  Primary General Other (specify)	State Zip Code OR 97301-4255  C  Occupation Certified Nurse-Midwife  Aggregate Year-to-Date ▼  100.00	Date of Receipt  M M M
<b>D.</b>	Full Name (Last, First, Middle Initial)  Dana B Perlman  Mailing Address 723 Arden Road  City  Jenkintown  FEC ID number of contributing federal political committee.  Name of Employer  Midwifery Inst of Philad Univ  Receipt For:  Primary  General  Other (specify)	State Zip Code PA 19046-1524  C  Occupation Certified Nurse-Midwife  Aggregate Year-to-Date ▼  500.00	Date of Receipt  M M M / D D / 2016  Transaction ID: SA11AI.12667  Amount of Each Receipt this Period  250.00  Memo Item  June 2016 Contribution
s	UBTOTAL of Receipts This Page (optional)		375.00
т	OTAL This Period (last page this line number of	only)	

### SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 10 OF 12 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC Full Name (Last, First, Middle Initial) Carol Roedocker Date of Receipt Mailing Address 912 Wild Cherry Lane 2016 06 15 City Zip Code State Transaction ID: SA11AI.12675 CO Fort Collins 80521-1365 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer Occupation June 2016 Contribution Thirteenth Moon Midwifery Certified Nurse-Midwife Receipt For: Aggregate Year-to-Date ▼ Primary General 50.00 Other (specify) Full Name (Last, First, Middle Initial) B. Cecilia Wachdorf Date of Receipt Mailing Address 3554 Polk St NE 06 15 2016 City State Zip Code Transaction ID: SA11AI.12673 MN Minneapolis 55418-1323 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer Occupation Minnesota Dept of Health June 2016 Contribution Certified Nurse-Midwife Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 50.00 Full Name (Last, First, Middle Initial) c. Lisa White Date of Receipt Mailing Address 5016 Watercrest Rd Apt 2201 06 06 2016 City Zip Code State Transaction ID: SA11AI.12683 TX Killeen 76549-6296 Amount of Each Receipt this Period FEC ID number of contributing С 50.00 federal political committee. Memo Item Name of Employer Occupation June 2016 Contribution Certified Nurse-Midwife **US Army** Receipt For: Aggregate Year-to-Date ▼ Primary General 50.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... 1575.00 TOTAL This Period (last page this line number only).....

for each category of the Detailed Summary Page  for each category of the Detailed Sum person for the purpose of soliciting contributions from such committee.  NAME OF COMMITTEE (In Full)  AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC  Full Name (Last, First, Middle Initial)  Date of Disbursement  Mailing Address 7810 Old Branch Avenue  City  City  State  Transaction ID: SB21B.12684  Amount of Each Disbursement this Period  Category/ Type  Office Sought:  House  Primary  General  Other (specify)  State:  District:  Full Name (Last, First, Middle Initial)	SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 11 OF 12			
r for commercial purposes, other than using the name and address of amy political committee to solicit contributions from such committee.  NAME OF COMMITTEE (in Full)  AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC  Full Name (Last, First, Middle Initial)  Bank of America  Mailing Address 7810 Districts  Senate Primary President Primary President State:  District:  Full Name (Last, First, Middle Initial)  Date of Disbursement  Senate Primary President Primary General Primary Memo Item Memo Item	ITEMIZED DISBURSEMENTS	for each category of the	X 21b	22 23		
NAME OF COMMITTEE (In Full)  AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC  Full Name (Last, First, Middle Initial)  Bank of America  Mailing Address 7810 Old Branch Avenue  City Cliriton MD 20735  Purpose of Disbursement Bank of America fee  Candidate Name President  State:  District:  Full Name (Last, First, Middle Initial)  Name (Last, First, Middle Initial)  PayPal Iva  Category' Type  Date of Disbursement Ins Period  Category' Type  Transaction ID: SB21B.12684  Amount of Each Disbursement Por:  General  Date of Disbursement  Category' Type  Transaction ID: SB21B.12684  Amount of Each Disbursement  Date of Disbursement  Category' Type  Transaction ID: SB21B.12684  Amount of Each Disbursement  Date of Disbursement Inis Period  Category' Type  Transaction ID: SB21B.12685  Amount of Each Disbursement this Period  Category' Type  Date of Disbursement this Period  Date of Disbursement Inis Period  Date of Disbursement Inis Period  Date of Disbursement  Date of Disbursement Inis Period  Amount of Each Disbursement  Date of Disbursement Inis Period  Date of Disbursement Inis Period  Date of Disbursement Inis Period  Amount of Each Disbursement Inis Period  Date of Disburseme						
Bank of America  Mailing Address 7810 Old Branch Avenue  City State Zip Code Clinton MD 20735  Purpose of Disbursement Bank of America fee  Candidate Name  Candidate Name  City Senate Primary General Disbursement District:  Full Name (Last, First, Middle Initial)  Paypal INC  City State Zip Code Chicago IL 60677  Purpose of Disbursement PayPal Ise  Candidate Name  Category/ Type  Disbursement  Primary General Disbursement This Period  Category/ Type  Transaction ID: SB21B.12685  Amount of Each Disbursement This Period  Category/ Type  Sanate Primary General Disbursement  Primary General District:  Full Name (Last, First, Middle Initial)  Date of Disbursement  Primary General District:  Full Name (Last, First, Middle Initial)  Date of Disbursement  Amount of Each Disbursement  Category/ Type  Memoltem  Amount of Each Disbursement  Amount of Each Disbursement  Amount of Each Disbursement  Category/ Type  Memoltem  Amount of Each Disbursement  Category/ Type  Office Sought: House Disbursement For:  Category/ Type  Category/ Type  Memoltem  Amount of Each Disbursement this Period  Category/ Type  Memoltem  Amount of Each Disbursement this Period  Category/ Type  Memoltem	NAME OF COMMITTEE (In Full) AMERICAN COLLEGE OF NURSE	•			Jasir commuco.	
Mailing Address 4100 Solutions Center #774100  City State Zip Code IL 60677  Purpose of Disbursement President Primary General Candidate Name  Cardidate Name  Category/ Type  Transaction ID : SB21B.12684  Amount of Each Disbursement this Period State: Disbursement For:  Date of Disbursement  Transaction ID : SB21B.12684  Amount of Each Disbursement this Period General Category/ Type  Transaction ID : SB21B.12685  Transaction ID : SB21B.12685  Transaction ID : SB21B.12685  Amount of Each Disbursement this Period General Category/ Type  Transaction ID : SB21B.12685  Amount of Each Disbursement this Period General Category/ Type  Transaction ID : SB21B.12685  Transaction ID : SB21B.12684  Amount of Each Disbursement this Period General Category/ Type  Transaction ID : SB21B.12684  Transaction ID : SB21B.12681  Transaction ID : SB21B.12681  Transaction ID : SB21B.12681	_	Date of Dishursons	ent			
Mailing Address 7810 Olid Branch Avenue  City Cliry State Zip Code Clirton MD 20735  Transaction ID: SB21B.12684  Amount of Each Disbursement this Period Candidate Name Category/ Senate Primary General Primsy General	A. Bank of America		_			
Clinton MD 20735 Purpose of Disbursement Bank of America fee Candidate Name Office Sought: House President President House President President Disbursement For: Senate President President Primary General Other (specify) Type  Date of Disbursement For: State: District:  Full Name (Last, First, Middle Initial)  Date of Disbursement For: Senate Primary General Other (specify) Type  Date of Disbursement  Category/ Type  Amount of Each Disbursement this Period  Category/ Type  District:  Date of Disbursement  Date of Disbursement this Period  Category/ Type  District:  Date of Disbursement this Period  Category/ Type  Date of Disbursement this Period  Category/ Type  Amount of Each Disbursement this Period  Category/ Type  Date of Disbursement  Date of Disbursement	Mailing Address 7810 Old Branch Avenue					
Purpose of Disbursement Bank of America fee  Candidate Name  Office Sought:			Transaction ID : S	SB21B.12684		
Cardidate Name  Office Sought:	Purpose of Disbursement		· · · ·	Amount of Each Di	isbursement this Period	
Office Sought:	Candidate Name			,		
State: District: Full Name (Last, First, Middle Initial) Paypal INC  Mailing Address 4100 Solutions Center #774100  City State Zip Code Chicago IL 60677 Purpose of Disbursement PayPal fee  Candidate Name  Category/ Type  District:  Full Name (Last, First, Middle Initial)  Mailing Address  City State Zip Code Chicagory/ Type  Disbursement For: Senate Primary General Other (specify)   Memo Item  Date of Disbursement ID: SB21B.12685  Amount of Each Disbursement this Period  Date of Disbursement ID: SB21B.12685  Amount of Each Disbursement Initial Date of Disbursement Initial Date of Disbursement  Category/ Type  Office Sought: House Senate Primary General Other (specify)   Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Office Sought: House Senate Primary General Other (specify)   Memo Item  Memo Item  Memo Item  Memo Item	Senate	Primary General	туре	Memo Item		
Paypal INC  Mailing Address 4100 Solutions Center #774100  City State Zip Code Chicago Purpose of Disbursement PayPal fee  Candidate Name  Disbursement For: Senate President State: District:  Full Name (Last, First, Middle Initial)  Date of Disbursement PayPal fee  Candidate Name  Disbursement For: Senate President Other (specify)  Memo Item  Date of Disbursement  Amount of Each Disbursement this Period  Category/ Type  Date of Disbursement  Amount of Each Disbursement this Period  Category/ Type  Date of Disbursement  Amount of Each Disbursement  Category/ Type  Date of Disbursement this Period  Category/ Type  Office Sought: House President Candidate Name  Category/ Type  Office Sought: House President Category/ Type  Office Sought: House President Other (specify) ▼  Disbursement For: Senate President Other (specify) ▼  Disbursement  Amount of Each Disbursement this Period  Category/ Type  Memo Item	State: District:					
City	B. Paypal INC			M M / D D	/ Y = Y = Y = Y	
Chicago Purpose of Disbursement PayPal fee  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify)   City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Date of Disbursement this Period  Amount of Each Disbursement this Period  Date of Disbursement  Category/ Type  Amount of Each Disbursement this Period  Category/ Type  Office Sought: House Senate Primary General Other (specify)   Office Sought: House Senate Primary General Other (specify)   Senate Disbursement For: General Other (specify)   Office Sought: House Senate Disbursement For: General Other (specify)   Senate Disbursement For: General Other (specify)   Office Sought: District: Other (specify)   Senate Disbursement For: General Other (specify)   Other (s						
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Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial)  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Amount of Each Disbursement this Period  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼	Purpose of Disbursement		· · · · ·	Amount of Each Di	isbursement this Period	
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Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Candidate Name  Category/ Type  Office Sought: House Senate Primary General President  State: District:  Date of Disbursement  Amount of Each Disbursement this Period  Memo Item						
City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  State: District:  Amount of Each Disbursement this Period  Memo Item						
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0554	Senate President	Primary General				
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committies to solicit contributions from such committies.  AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC  Full Name (Last, First, Middle Initial)  A. FRIENDS OF SCHUMER  Mailing Address 192 LEXINGTON AVENUE SUITE 1001  Cardicide Name  President  Sanate  Sanate  President  Sanate  Disbursement For: 2016  Amount of Each Disbursement this Period  Category'  Nemo tree  Amount of Each Disbursement this Period  Category'  Nemo tree  Amount of Each Disbursement this Period  Category'  Nemo tree  Amount of Each Disbursement this Period  Category'  Nemo tree  Amount of Each Disbursement this Period  Category'  Nemo tree  Amount of Each Disbursement this Period  Category'  Nemo tree  Amount of Each Disbursement this Period  Category'  Nemo tree  Amount of Each Disbursement this Period  Category'  Nemo tree  Amount of Each Dis	SCHEDULE B (FEC Form 3X)	Hoo concrete selectivity (-)	FOR LINE I	FOR LINE NUMBER: PAGE 12 OF 12		
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of alciting contributions or for commercial purposes, other than using the name and address of any pollical committee to solicit contributions from such committee.  NAME OF COMMITTEE (in Pull)  AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC  Full Name (Last, First, Middle Initial)  A. FRIENDS OF SCHUMER  Mailing Address 192 LEXINGTON AVENUE SUITE 1001  City State Zip Code NY 10016  NY 10016  FULL NOT SEAS 192 LEXINGTON AVENUE SUITE 1001  Campaign Contribution  Candidate Name  Primary Sound  Primary General  State: NY District: 00  Full Name (Last, First, Middle Initial)  AMARTIN TREVOR HEINRICH  Office Sought: Senate Primary General  District: 00  Full Name (Last, First, Middle Initial)  Candidate Name  Other (specify)   Full Name (Last, First, Middle Initial)  Candidate Name  District: 00  Full Name (Last, First, Middle Initial)  Candidate Name  Other (specify)   Full Name (Last, First, Middle Initial)  Candidate Name  Other (specify)   Full Name (Last, First, Middle Initial)  Candidate Name  District: 00  Full Name (Last, First, Middle Initial)  Candidate Name  District: 00  Full Name (Last, First, Middle Initial)  Candidate Name  District: 00  District: 00  District: 00  Category State Zip Code  Amount of Each Disbursement this Period  Martin Trevor Heinrich  Category State Zip Code  Martin Trevor Heinrich  Category State Zip Code  Martin Trevor Heinrich  Category State Zip Code  Memo Item  Memo Item  Memo Item  Amount of Each Disbursement this Period  Memo Item  Memo Item  Memo Item  Memo Item  Amount of Each Disbursement this Period  Category State Zip Code  Memo Item  Memo Item  Amount of Each Disbursement this Period  Category State Zip Code  Memo Item  Memo Item  Amount of Each Disbursement this Period  Category State Zip Code  Memo Item  Memo Item  Amount of Each Disbursement this Period  Category State Zip Code  Memo Item  Memo	TEMIZED DISBURSEMENTS		21b	22 🗶 23 24 25 26		
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMINTTEE (In Pall)  AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC  Full Name (Last, First, Middle Initial)  A. FRIENDS OF SCHUMER  Mailing Address 192 LEXINGTON AVENUE SUITE 1001  City State Zip Code NEW YORK NY 10016  Purpose of Disbursement Campaign Contribution  Candidate Name  FRIENDS OF SCHUMER  Office Sought: House Disbursement For: 2016  State: NY District: 00  City State Zip Code Nemark (Specify) ▼  Transaction ID: SB23.12689  Amount of Each Disbursement this Period Category' Type  Office Sought: House Disbursement Campaign Contribution  Candidate Name  MARTIN TREVOR HEINRICH  Mailing Address PO BOX 25763  City State: NM District: 00  Full Name (Last, First, Middle Initial)  State: NM District: 00  Full Name (Last, First, Middle Initial)  State: NM District: 00  Full Name (Last, First, Middle Initial)  State: NM District: 00  Full Name (Last, First, Middle Initial)  State: NM District: 00  Full Name (Last, First, Middle Initial)  State: NM District: 00  Full Name (Last, First, Middle Initial)  State: NM District: 00  Full Name (Last, First, Middle Initial)  State: NM District: 00  Full Name (Last, First, Middle Initial)  State: NM District: 00  Full Name (Last, First, Middle Initial)  State: NM District: 00  Full Name (Last, First, Middle Initial)  State: NM District: 00  Memoltem  Amount of Each Disbursement this Period Category' Type  Memoltem  Memoltem  State: NM District: 00  Memoltem  Memoltem  State: NM District: 00  Memoltem  Memoltem  State: District: 00  Memoltem  Memoltem						
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Mailing Address 192 LEXINGTON AVENUE SUITE 1001  City YORK	A. FRIENDS OF SCHUMER					
NEW YORK Purpose of Disbursement Campaign Contribution Candidate Name FRIENDS OF SCHUMER Office Sought:  House President State: NY District: 00 Full Name (Last, First, Middle Initial)  Transaction ID: SB23.12689  Amount of Each Disbursement this Period  Amount of Each Disbursement Type  Other (specify)  Amount of Each Disbursement  Date of Disbursement  Disbursement Date  Disbursement Date  Disbursement  Date of Disbursement  Disbursement  Date of Disbursem	Mailing Address 192 LEXINGTON AVENUE SUITE					
New York Purpose of Disbursement Campaign Contribution Candidate Name FRIENDS OF SCHUMER  Office Sought:				Transaction ID · SR23 12696		
Camplaign Contribution Candidate Name  FRIENDS OF SCHUMER  Office Sought: House Senate Primary General Cother (specify) Martin TREVOR HEINRICH  Office Sought: State: NY Disbursement For: 2016  City Senate Primary General Cother (specify) Martin TREVOR HEINRICH  Mailing Address PO BOX 25763  City State Zip Code NM 87125  Category/ Type  MARTIN TREVOR HEINRICH  Office Sought: House Disbursement For: 2016  Full Name (Last, First, Middle Initial)  Category/ Type  Disbursement For: 2016  Disbursement For: 2016  Primary General Cother (specify) Martin Trevor Disbursement  Category/ Type  Memo Item  Amount of Each Disbursement  Category/ Type  Disbursement  Category/ Type  Memo Item  State: NM District: 00  Full Name (Last, First, Middle Initial)  Category/ Type  Office Sought: House Disbursement For: Category/ Type  Disbursement  Category/ Type  Memo Item  Amount of Each Disbursement this Period  Amount of Each Disbursement this Period  Category/ Type  Memo Item  State: Disbursement For: Senate Primary General Other (specify) Memo Item  Substortal of Disbursement For: Senate Primary General Other (specify) Memo Item  Substortal of Disbursement For: Senate Primary General Other (specify) Memo Item  Substortal of Disbursement For: Memo Item  Substortal of Disbursement For: Memo Item  Amount of Each Disbursement Ithis Period		NY 10016		11a113a6ti011 ID . 3D23.12000		
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Senate President Other (specify)  State: NY District: 00  Full Name (Last, First, Middle Initial)  MARTIN TREVOR HEINRICH  Mailing Address PO BOX 25763  City State Zip Code ALBUQUERQUE NM 87125  Purpose of Disbursement Campaign Contribution  Candidate Name MARTIN TREVOR HEINRICH  Office Sought: House President President State: NM District: 00  Full Name (Last, First, Middle Initial)  Category/ Type  Office Sought: Albuse President State: Disbursement For: 2016  Category/ Type  Office Sought: Albuse President State: Disbursement For: 2016  Category/ Type  Office Sought: Amount of Each Disbursement this Period  Amount of Each Disbursement  Category/ Type  Office Sought: Amount of Each Disbursement this Period  Amount of Each Disbursement  Category/ Type  Office Sought: House Disbursement For: 2016  Category/ Type  Office Sought: House Disbursement For: 2016  State: Disbursement For: 2016  Category/ Type  Office Sought: House Disbursement For: 2016  State: Disbursement For: 2016  Category/ Type  Office Sought: House Disbursement For: 2016  State: Disbursement For: 2016  Category/ Type  Amount of Each Disbursement this Period  Amount of Each Disbursement Memolten  Amount of Each Disbursement Memolten  Amount of Each Disbursement Memolten		_		2000.00		
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Campaign Contribution  Candidate Name  MARTIN TREVOR HEINRICH  Office Sought:	ALBUQUERQUE			Transaction ID : SB23.12689		
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